

# Crystal Coast Pickleball Doubles Tournament

## Registration Form

Participants Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: M / F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_ April 4, 2013 Mixed Doubles Partner: \_\_\_\_\_

\_\_\_\_ April 9, 2013 Men's Doubles Partner: \_\_\_\_\_

\_\_\_\_ April 10, 2013 Women's Doubles Partner: \_\_\_\_\_

Make checks payable to: MCPRD  
Morehead City Parks and Recreation Department  
706 Arendell St.  
Morehead City, NC 28557

For more information, contact Jerry Riggs at 252-726-5083 Ext. 4 or email at  
[jriggs@bizec.rr.com](mailto:jriggs@bizec.rr.com) or AnnMarie Vester 252-808-3301 or  
[AnMarie.Ivester@carteretcountygov.org](mailto:AnMarie.Ivester@carteretcountygov.org)

### Release of Liability and Indemnity Agreement

I do hereby and forever discharge, and will save harmless from and indemnify, Morehead City, its elected and appointed officials, the Morehead City Parks and Recreation Department, and all the staff, participants, instructors, and administrators of the Morehead City Parks and Recreation Department from any and all actions, claims, and demands for or by reason of any damage, loss or injury which hereafter may be sustained by me or my child in consequence of participation by said person in this program.

I hereby acknowledge and admit that the Morehead City Parks and Recreation Department shall not be required to carry any insurance protection for the participants and thereby do agree to provide individual insurance coverage for myself and child.

I have read and understand this Release of Liability, and acknowledge that I have had time and opportunity to do so as well as to consult with anyone of my choice.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date